Vermont Department of Health
Involuntary Transportation Guidelines
Final Version
(with portions on voluntary transport and escort within facilities yet to be drafted)
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The following guidelines are based on the Report submitted to Representative Koch and the Vermont House Health and Welfare Committee in 2004. The fundamental concern of the Committee which led to the request for a study by then Commissioner Besio and the Departmental of Developmental and Mental Health Services, was that the current practice of "the use of Sheriff's department and of prisoner leg and wrist shackles for transporting mentally ill patients . . . may be a practice which is anti-therapeutic, traumatic, and unnecessarily coercive to achieve the objectives of patient and community safety." The consensus of those contributing to the report, as well as examples of systems of transport in other states, was that additional flexible options to the current system of transport were needed. Guidelines were also needed to assist people directly involved in transport in determining the appropriate type of transport, the appropriate use of restraints, and balancing safety and humane intervention concerns. The purpose of these Guidelines is to provide general operating principles and examples of procedures to help achieve that balance.

A person's experience with being involuntarily taken into custody and transported to a hospital is, for most people, a profound, life-changing and probably frightening event. Further, for someone with a trauma history, the experience of being restrained and powerless may be all too regrettably familiar. It is important that the system providing custody and transport be as humane, non-stigmatizing, and the least traumatizing experience possible. At the same time, the context of involuntary intervention is, by definition, "dangerous" as defined by law and attested to by mental health and law enforcement personnel. Intervention requires a delicate balance of the potentially competing issues of safety and humane intervention.

The Report submitted to Rep. Koch in January 2004 presented eight recommendations, including:

- development of criteria and procedures for expanding options for transport with varying levels of security and medical oversight
- minimizing the use of mechanical restraints to those situation where an assessment of risk indicates that safety concerns require the use of restraints
- use of non-metal "Humane Restraints"
- training for law enforcement and Emergency Medical staff providing transport of people under mental health law
- providing transport in the least intrusive, most unobtrusive manner possible, and
- use of ambulance transport in certain situations

The following Guidelines are published for use by mental health, law enforcement, ambulance, and hospital staff in their roles in transport and escort (i.e. within or between facilities) of people subject to the mental health statutes. As specified in requirements passed by the '04 session of the Vermont Legislature at 18 V. S. A. § 7511, "the commissioner shall ensure that all reasonable and appropriate efforts consistent with public safety are made . . . in a manner which:

1. prevents physical and psychological trauma;
2. respects the privacy of the individual; and
3. represents the least restrictive means necessary for the safety of the patient."

The statutory language provides the basis for the following Operating Guidelines for transport and escort of a person with mental illness. (Although the person with mental illness is not in the custody of the Commissioner until a court has made that determination, it is reasonable to assume the Division of Mental Health has a level of responsibility for anyone in the state's custody pursuant to the mental health statutes at 18 VSA/ PART 8 Mental Health/Chapter 179.

The Guidelines do not prescribe specific criteria or procedures, but rather present overall principles that can be used by professionals on the scene in the pursuit the gentlest treatment that is also safe. The Guidelines do not assume that there is a single "right way" to provide safe, humane intervention, but rather that general guidelines and training are the most effective means to the desired end. The Guidelines also assume that safety and humane treatment aren't necessarily mutually exclusive. For example, safety and humane treatment are not compromised by the use of restraints such as non-metal "Humane Restraints," or consideration of a broader range of transportation options.

General Guidelines

- The initial decision about the type of transport to be used [Sheriffs, ambulance with sheriff backup, ambulance with mental health one-to-one staffing, ambulance alone, mental health staff with or without one-to-one staffing] is made by the team of professionals (the Assessment Team) directly involved and knowledgeable about the person being transported and their circumstances. The Assessment Team typically consists of the mental health screener, the mental health psychiatrist, hospital staff emergency room staff, and other hospital medical staff. The Team will seek input regarding the level of risk and security needed from others knowledgeable about the person's history and current circumstances, including other mental health staff, psychiatrists, ambulance staff, family members, and others as appropriate.
- The person with mental illness should be offered as many choices (such as transport via cruiser or ambulance) as possible and consistent with safety. Wellness Action Recovery (WRAP) plans and guardians or proxies should be consulted whenever possible to assist the transport decision-making team
- if funds are available, and such transport is considered safe, Designated Agencies (community mental health centers) should provide one-to-one staffing in addition to, or instead of law enforcement staff.

- ambulance should be used whenever the need for medical oversight or intervention dictate.

Use of Restraints

- the use of restraints during transport or escort is never a given; each situation is evaluated as to level of risk and need for restraints.
- when the use of restraints is necessary to maintain safety, use of non-metal "humane restraints" is the preferred option.
- when the use of restraints is necessary, efforts should be made to make their use as unobtrusive as possible; for example, if a person in restraints is taken to a hospital ward on a route used by the public or other patients, the person being restrained should be offered the option of using a wheel chair with a blanket over the lap (and restraints).

Sheriff's Transport

- Sheriffs departments should use unmarked cruisers and officers in plain clothes in mental health transport situations whenever possible within the limited resources available.
- As soon as possible, all officers doing mental health transport should complete the in-service training offered by the Police Academy concerning mental health and law enforcement.
- Sheriffs performing mental health transport should be acquainted with these Guidelines.
- when Sheriffs are requested to provide transport, it is assumed that the transport team has already determined that safety concerns require involuntary, secure, transport. However, the Sheriff at the scene has responsibility and authority for the final decision about use of restraints, as specified in these Guidelines.
- Sheriffs should be available to provide backup to ambulance transport when safety concerns dictate. Sheriffs providing back-up to ambulance will be reimbursed at the rate specified in the AHS master contract.
- the master contract between sheriffs departments and the Agency of Human Services should reference these Guidelines.
- DMH will work with the Sheriff's Association to provide training in the use of "Humane Restraints," if necessary.

Use of Ambulance

- ambulance should be used whenever the patient's medical conditions require skilled medical supervision or intervention, as determined by the Emergency room physician.
- sheriffs will provide back-up to the ambulance crew when required for security and safety.
- whenever restraints in addition to the routinely used ambulance gurney safety strap is necessary, these Guidelines on use of restraints should be followed.

- emergency medical technicians should receive training concerning mental health issues, and mental health transport issues; the Division of Mental Health will work with the Vermont Department of Health Emergency Medical Services program in arranging for such training.
- ambulance transport may not always be readily available; it is recognized that small volunteer ambulance services may not always be available for long distance, scheduled transport.
- ambulance transport costs should be reimbursed to the extent possible by Medicare, Medicaid, or commercial insurance; DMH will work with the Office of Vermont Health Access to assure maximum allowable Medicaid reimbursement.
- when cost reimbursement is not available from any other source, DMH will request funding from other sources to meet documented need.

[Discussion: While in general, most people with mental illness would choose to be seen as sick or injured (transport in an ambulance) rather than in legal difficulty (transport in a cruiser with uniformed officers) it cannot be assumed that ambulance is always, for all people, less stigmatizing or less re-traumatizing than a sheriff's cruiser. Some people may find the normal sitting-up position and the greater freedom of movement in a cruiser preferable to transport strapped down on a gurney in an ambulance. In addition, veteran sheriffs may have more experience in mental health transport than some ambulance staff. Each situation must be individually evaluated when a decision about type of transport is made.]

Voluntary Transport

[to be developed]

Escort (within facilities)

Discussion: Designated hospitals are currently collating information concerning policies and procedures in use. Two issues have arisen thus far: first, if hospitals become responsible for escort from inpatient units to off-campus sites such as court (currently provided by Sheriffs) it may be necessary to obtain new resources to cover hospital expenses; second, there are differences in current thinking and practice concerning the location on the hospital campus where responsibility is transferred from the Sheriff to the hospital, i.e. the Emergency Room vs. the Unit.

[to be developed]